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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="border: 1px solid black; padding: 2px;">09827900</div>	FILING DATE <div style="border: 1px solid black; padding: 2px;">04-09-01</div>				
APPLICANT(S)												
CLAIMS												
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
IND.	DEP.	IND.	DEP.	IND.	DEP.							
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TOTAL IND.	6											
TOTAL DEP.	33											
TOTAL CLAIMS	39											

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADVERTISEMENTS

FORM PTO-1360 (REV 3-78)

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